

FILED NOV 17 1950

STANDARD CERTIFICATE OF DEATH

39066

State File No. 9298

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY --				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Wayne			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (in this place) 22 days		c. CITY (If outside corporate limits, write RURAL and give township) Rural Groves		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) R.R.# 6			
3. NAME OF DECEASED (Type or Print) a. (First) Jesse		b. (Middle)		c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1950	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 24, 1892	
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		11. BIRTHPLACE (State or foreign country) Wayne County, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Isaac H. Smith		13b. MOTHER'S MAIDEN NAME Eliza A. Meeks		14. NAME OF HUSBAND OR WIFE Ada Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Cleve Doty, Fairfield, Ill.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac failure and pulmonary emphysema				INTERVAL BETWEEN ONSET AND DEATH 4 wks	
19a. DATE OF OPERATION 10-13-50		19b. MAJOR FINDINGS OF OPERATION Pneumonectomy: Carcinoma of lung				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 163X			
22. I hereby certify that I attended the deceased from 10-10-50, 19__, to 11-1-50, 19__, that I last saw the deceased alive on 11-1-50, 19__, and that death occurred at 1:30A.m., from the causes and on the date stated above.							
23a. SIGNATURE F.R. Bradley				23b. ADDRESS Barnes Hospital		23c. DATE SIGNED 11-1-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11-1-50		24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cem.		24d. LOCATION (City, town, or county) (State) Fairfield, Illinois	
DATE REC'D BY LOCAL REG. NOV 1 1950		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Elmo R. Caldwell

Signed.....
Student Embalmer

Licensed Embalmer No. 4077

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.